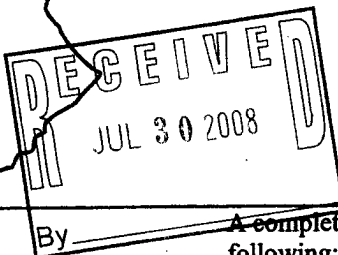
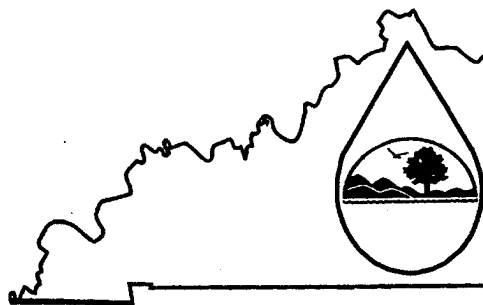


KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

\$900.00 CK.

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	01034649
A. Name of business, municipality, company, etc. requesting permit JONATHAN CREEK CAMP & CONFERENCE CENTER			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address. Include owner mailing address on a separate sheet if different.)	
Facility Location Name:		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> DAVID ROUSE	
Facility Location Address (i.e. street, road, etc., not PO Box): 3043 BEAL ROAD		Mailing Address: 3043 BEAL ROAD	
Facility Location City, State, Zip Code: HARDIN, KY 42048		Mailing City, State, Zip Code: HARDIN, KY 42048	
		Facility Contact Telephone Number: 502-619-9552, 502-491-7000	

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: OVERNIGHT CAMPING FACILITIES & ACCOMMODATIONS FOR Church Groups			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	8661		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: MARSHALL	City where facility is located (if applicable):
C. Body of water receiving discharge: KENTUCKY LAKE	
D. Facility Site Latitude (degrees, minutes, seconds): 36° 47' 22.9	Facility Site Longitude (degrees, minutes, seconds): 88° 12' 32.4
E. Method used to obtain latitude & longitude (see instructions): HAND HELD GPS UNIT	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Leslie Landers

Telephone Number:

270-703-2954

Operator Mailing Address (Street):

16491 Hwy 68 EAST

Operator Mailing Address (City, State, Zip Code):

HARDIN, KY 42048

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

WW CLASS II

Certification Number:

#10177

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

Ky 0034649

Issue Date of Current Permit:

JANUARY, 2005

Expiration Date of Current Permit:

Feb. 28, 2009

Number of Times Permit Reissued:

6

Date of Original Permit Issuance:

July 1, 1977

Sludge Disposal Permit Number:

X

Kentucky DOW Operational Permit #:

X

Kentucky DSMRE Permit Number(s):

X

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Leslie Landers

DMR Official Telephone Number:

270-703-2954

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

MR. Leslie Landers

DMR Mailing Address:

16491 Hwy. 68 EAST

DMR Mailing City, State, Zip Code:

HARDIN, KY. 42048

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

intermediate Facility

Filing Fee Enclosed:

\$900.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ DAVID ROUSE, DIRECTOR

SIGNATURE



TELEPHONE NUMBER (area code and number):

502-491-7000 EXT. 116

DATE:

7/28/08


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
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VIII. CERTIFICATION

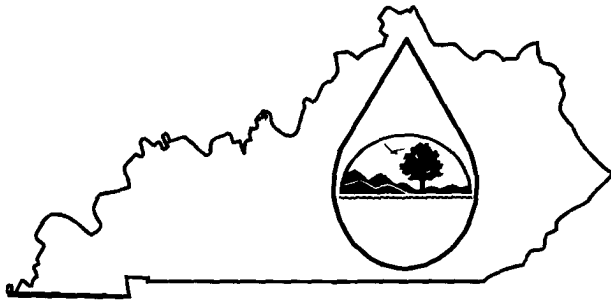
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):		TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	DAVID ROUSE, DIRECTOR	502 - 491 - 7000 EXT 116
SIGNATURE 		DATE: 8-12-08

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

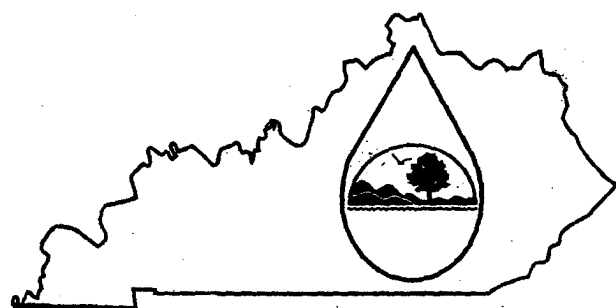
A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?		7 But camp closes in winter time.					
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Based on max. cap. p/dry							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.015 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
N	36	47	478	W 88	12	685	Kentucky Lake
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)							

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: *JONATHAN CREEK CAMP & CONFERENCE CENTER*

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

A. Do discharge(s) occur all year? Yes ☐ No ☒
(Complete Item IX for intermittent discharges.)

B. How many days per week? *SEVEN DAYS WHEN IN USE.*

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

*A MAXIMUM OF 650 PERSONS P/DAY FOR 5 DAYS AT A TIME DURING
THE SUMMER SEASON*

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: *.015* MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
<i>1</i>	<i>47</i>	<i>30</i>		<i>88</i>	<i>13</i>		<i>Kentuck LAke</i>
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				<i>HAND HELD GPS UNIT</i>			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	Extended Aeration Activated Sludge	10.3 gpm	Ultra Violet Lamps	3-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points: NONE (If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	<u>NONE</u> per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	<u>NONE</u>
Give the number of times discharge occurs per year	<u>Periodically for 9 months</u>
Give the average volume per discharge occurrence	(1,000 gallons) <u>MAXIMUM 10,500 P/DAY</u>
Give the average duration of each discharge	<u>270(days)</u>
List month(s) when the discharge occurs	<u>MARCH THRU NOVEMBER</u>

X. AREA SERVED (see instructions)

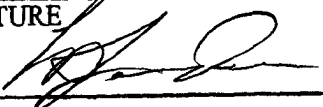
NAME	ACTUAL POPULATION SERVED
<u>JONATHAN CREEK CAMP & CONFERENCE CENTER</u>	<u>A MAXIMUM OF 600 PERSON P/DAY FOR 5 DAY WEEK.</u>
TOTAL POPULATION SERVED	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XII. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XIII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	4.94	4.94	4 P/MONTH
TOTAL SUSPENDED SOLIDS	4.50	4.50	
FECAL COLIFORM	100	100	
TOTAL RESIDUAL CHLORINE	U. V. system		
OIL AND GREASE	N/A		
CHEMICAL OXYGEN DEMAND	N/A		
TOTAL ORGANIC CARBON	N/A		
AMMONIA	1.46	1.46	✓
DISCHARGE FLOW	.006	.011	
PH	7.6	7.6	
TEMPERATURE (WINTER)	N/A		
TEMPERATURE (SUMMER)	N/A		

B. Frequency and duration of flow:	10 gal P/MINUTE MAX FOR 12 HOUR PERIOD
------------------------------------	--

XIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
L.A. LANDERS - CERTIFIED OPERATOR	502-491-7000 EXT. 116
SIGNATURE	DATE
	9-9-08



July 17, 2008

On the current permit, some samples are required to be Composite samples.

This is a brand new 15,000 GPD system, and the inlet design is radically different from the standard design which makes a composite sample just about impossible to collect.

The inlet chamber is a 9,000 gallon basin with two pumps which pump a regulated flow of 10.3 GPM thru the system. There are times when that basin does not have sufficient flow coming in to activate one of the pumps, and as a result the system sits there idle for many hours with no outlet flow, and minimal inlet flow.

The major portion of the in flow is at 6:00am and 6:00pm. The system sits there idle over night, and when the pumps pick up they do not stop until the inlet basin is emptied, so any composite samples will be identical as the inlet basic is aereated.

Based on this method of operation, and due to the fact that Influent samples are not required, I am requesting that the permit be changed so that all Effluent samples can be taken by the "Grab" method.

Leslie Landers
Class II Operator
Certificate # 10177

Cell # 270-703-2954